

1559

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 114	
County <u>Greenlee</u>	District <u>Meabury</u>	County Registered No. <u>280</u>	Local Registrar's No. <u>136</u>
Town Or City <u>Meabury</u>		No. <u>123</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Maria Cardines</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	DATE OF DEATH <u>Aug 18, 1920</u>	
	Indian <u>Black</u>	(Month) (Day) (Year)	
	Chinese <u>Mexican</u>	I hereby certify, that I attended deceased from <u>8/18</u> to <u>8/18</u> 19 <u>20</u> ; that I last saw her alive on <u>8/7</u> 19 <u>20</u> , and that death occurred on the date stated above at <u>2:30 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis</u>	
DATE OF BIRTH <u>May 8, 1870</u>	AGE <u>50</u> yrs. <u>3</u> mos. <u>10</u> days	(Duration) <u>1</u> yrs. <u>0</u> mos. <u>0</u> days	
	If less than 1 day	Was disease contracted in Arizona? <u>Yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>UW</u>	(b) General nature of industry, business, or establishment in which employed or (employer)	If not, where? <u>✓</u>	
BIRTHPLACE (State or country) <u>Mexico</u>		CONTRIBUTORY (Duration) <u>1</u> yrs. <u>0</u> mos. <u>0</u> days	
NAME OF FATHER <u>D.K.</u>	BIRTHPLACE OF FATHER (State or country) <u>Mex.</u>	(Signed) <u>L. A. Burtch M.D.</u>	
MAIDEN NAME OF MOTHER <u>D.K.</u>	BIRTHPLACE OF MOTHER (State or country) <u>Mex.</u>	19 <u>20</u> (Address) <u>Clifton Ave.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Informant) <u>Ernest Ynojos</u>	(Address) <u>Meabury, Ariz.</u>	LENGTH OF RESIDENCE At place of death <u>22</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>22</u> yrs. <u>0</u> mos. <u>0</u> ds.	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Former or Usual Residence	
UNDERTAKER	ADDRESS	Filed <u>Sept 4, 1920</u> <u>Henry T. Bingham</u> Local Registrar	
		Filed <u>9 4 20</u> <u>L. A. Burtch M.D.</u> County Registrar	